

Hotel and Motel Sales Tax Return

State of Louisiana
Department of Revenue
P.O. Box 91009
Baton Rouge, LA 70822-0002
(225) 219-7356
(225) 219-2114 (TDD)

☐ If your name has
changed, mark box.

☐ If your address has
changed, mark box.

☐ If amended return,
mark box.

☐ If final return,
mark box.

Please use return envelope provided.

FOR OFFICE USE ONLY.

Field flag

Filing
period

	A State of Louisiana 4%	B Dome Stadium Orleans & Jefferson Hotel-Motel Room Rentals 4%	C Ernest N. Morial N.O. Exhibition Hall Authority Room Rentals 3%	D State of Louisiana Room Rentals 2%
1 Gross Receipts: (Column A – Sales of tangible personal property) (Columns B, C, D – Room rentals)	00	00	00	00
2 Cost of tangible personal property (used, consumed, stored for use or consumption in Louisiana)	00	Do not enter amounts in shaded areas.		
3 Leases, rentals, and services – tangible personal property	00			
4 Total of Lines 1, 2, and 3.	00	00	00	00
Allowable deductions				
5 A. Room rent (U.S. government agencies)		00	00	00
B. Room rent (LA. State and local government agencies)				00
C. Sales of prepaid phone cards _____ x 25%	00			
D. Exempt sales of tangible personal property	00			
6 Total deductions (Add Lines 5a through 5d.)	00	00	00	00
7 Amount taxable (Line 4 minus Line 6.)	00	00	00	00
8 Tax (Columns A & B – 4% of Line 7, Column C – 3% of Line 7, Column D – 2% of Line 7)	00	00	00	00
9 Excess tax collected	00	00	00	00
10 Total (Line 8 plus Line 9.)	00	00	00	00
11 Vendor's compensation (Columns A & D – 1.1% of Line 10, Column B – 2% of Line 10, Column C – 1% of Line 10)	00	00	00	00
12 Tax due (Line 10 minus Line 11.)	00	00	00	00
13 Less sales tax credit	00			
14 Net tax due (Line 12 minus Line 13.)	00	00	00	00
15 Delinquent penalty (Columns A, B, C and D: 5% of tax on Line 14 for each 30 days or fraction thereof of delinquency, not to exceed 25% in the aggregate.)	00	00	00	00
16 Interest (Columns A, B, C and D: 1.25% per month from due date until paid.)	00	00	00	00
17 Total tax, penalty, and interest due (Add Lines 14, 15, & 16.)	00	00	00	00
18 Total remittance (Add Line 17, Columns A + B + C + D.) Make payment to: Department of Revenue. Do not send cash.	Pay this amount. ► \$			00

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge.

Date _____ Signature _____ Signature of preparer other than taxpayer _____ Preparer ID _____

This return is due on or before the 20th day of the month following the taxable period covered and becomes delinquent on the first day thereafter. Telephone Number _____
If the due date falls on a weekend or holiday, the return is due the next business day and becomes delinquent the first day thereafter.

Complete only if change in business status has occurred. Please print or type.

Date business discontinued _____ Date business sold _____ Name of purchaser _____

NOTE: If your business has been discontinued or sold, your registration certificate must be sent to the Department of Revenue with this report. If business is sold, the new owner should complete a new application for a separate number.

